IPDR6702				NORTH CAROLINA		PAGE:	1	
	10/28/2007			CHECKWRITE SUMMARY REPORT				
			CI	MECKWRITE DATE: 10/31/2007			<u> </u>	
				FINANCIAL PAYER: NCDMH			 	
							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NAGINUM	PROVIDER NAME	CEUA	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8535	1	SERVICE FACILITY LOCATION WAS				
	H/DD/SAS			NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		0	0			0 1	. 1	. 0
3404004		05.00	72	DETAIL NOT COVERED BY COMBINAT				
3404904	WESTERN HIGHLAN DS LME	8599	72	ION OF RECIPIENT, PROVIDER AND				
	D3 LME			BENEFIT PACKAGE.				
		191	13	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME		0 133	7193	7060
		8564	11	SERVICE EXCEEDS THE ALLOWABLE OF ONE OCCURRENCE WITHIN AN			 	
				ELIGIBILITY PERIOD.			 	
							<u> </u>	
3404910	PATHWAYS	11	128	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE			1	
							+	
		5308	70	PRIOR AUTHORIZED UNITS EXCEEDE		0 291	4431	4140
				D				
		8599	20	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.			<u> </u>	
3404912	CATAWBA COUNTYM	8622	21	60 RESIDENTIAL LEVEL II TREATM			 	
	ENTAL HEALT			ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		10	3	DIAGNOSIS OR SERVICE INVALID F		0 28		
				OR CLIENT AGE. VERIFY CID,		0 28	1241	1213
				DIAGNOSIS, PROCEDURE CODE FOR				
		21	2	DUPLICATE OF CLAIM-SYSTEM				
		21	-	DOFBICATE OF CHAIM-SISTEM			 	
3404913	MECKLENBURG COM	8505	4263	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
							<u> </u>	
		8800	1930	FURTHER PROCESSING NECESSARY,		3 8784	8788	4
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.			<u> </u>	
		79	1387	THIS SERVICE IS NOT PAYABLE TO			 	
				YOUR SUBMITTED BILLING			<u> </u>	
				PROVIDER TYPE AND SPECIALTY IN				
3404916	anoganosn	8505	491	CLAIM DENIED DUE TO INSUFFICIE			 	
> - 0	CROSSROADS BEHA VIORAL HEAL		-24	NT BUDGET			+	
							<u> </u>	
		2222	70	THE THE PROPERTY OF THE PROPER				
		8800	72	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON		0 614	1866	1252
				FUTURE RA'S.			+	
		8599	19	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND			<u> </u>	
				BENEFIT PACKAGE.			 	
3404917	CENTERPOINT HUM	11	130	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES			DATE			<u> </u>	
		+					 	
	+	8599	33	DETAIL NOT COVERED BY COMBINAT		1 212	1583	1371
				TON OF REGIDIENE PROVIDER AND	- 1		1	
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8536	14	BENEFIT PACKAGE.				
		8536	14					

	T		ı			T		1
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8505	1285	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	TAL HEALTHC							
		8800	165	FURTHER PROCESSING NECESSARY,	0	1674	2354	680
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8536	89	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404920	ALAMANCE CASWEL	79	298	THIS SERVICE IS NOT PAYABLE TO				
	L AREA MH D	17		YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		5404	102	SEVERE DUPLICATE: SAME ATTD PR				
		5404	193	OV/PCODE/TOS/DOS/MOD	0	778	39165	38387
		8599	125	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
3404921	ORANGE PERSON C	21	686	DUPLICATE OF CLAIM-SYSTEM				
	HATHAM AREA							
		8599	335	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	7	2244	8614	6370
				BENEFIT PACKAGE.				
		5404	245	SEVERE DUPLICATE: SAME ATTO PR				
				OV/PCODE/TOS/DOS/MOD	-		-	
3404922	MILE DIDITAM CENT	21	3529	DUPLICATE OF CLAIM-SYSTEM				
· · · · ·	THE DURHAM CENT ER							
		0500	118	DESCRIPTION OF GOVERNMENT OF G				
		8599	117	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	3755	7580	3825
				BENEFIT PACKAGE.				
		8800	72	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FOTORE RA S.				
3404923	FIVE COUNTY MH	8505	2655	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8800	205	FURTHER PROCESSING NECESSARY,	1	3039	3372	333
				PLEASE CHECK FOR CLAIM ON	_	3039	3372	333
				FUTURE RA'S.				
		8536	84	ATTENDING PROVIDER TYPE AND SP				
		0330	04	ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404925	SANDHILLS CENTE	8505	3383	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	R FOR MH/DD			NI BUDGEI				
		8800	93	FURTHER PROCESSING NECESSARY,	12	3703	3931	228
		1		PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			-	
				TOTORE AR S.				
		8599	57	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE	21	1021	DUPLICATE OF CLAIM-SYSTEM				
	G MENTAL HL							
		11	225	OF TENER NOW, BUTGIDLE, ON CONVICE				
		11	335	CLIENT NOT ELIGIBLE ON SERVICE DATE	6	1836	4211	2375
		23	105	SERVICE REQUIRES PRIOR APPROVA	-			
				-				
		8622	103	60 RESIDENTIAL LEVEL II TREATM				
3404927	CUMBERLAND CO M	0022				1	· ·	1
3404927	CUMBERLAND CO M HC	0022		ENT RECEIVED, PA IS REQUIRED				
3404927				ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404927		8599	76		0	316	1229	913
3404927			76	FOR ADDITIONAL SERVICE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	316	1229	913
3404927			76	FOR ADDITIONAL SERVICE. DETAIL NOT COVERED BY COMBINAT	0	316	1229	913
3404927			76	FOR ADDITIONAL SERVICE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	316	1229	913

PROVIDER NUMBER			T					
		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
	DDOUTDED NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
			+					
			+					
3404930	JOHNSTON COUNTY	8599	127	DETAIL NOT COVERED BY COMBINAT			-	
	MNTL HLTHC		•	ION OF RECIPIENT, PROVIDER AND				
			1	BENEFIT PACKAGE.				
			•					
		10	41	DIAGNOSIS OR SERVICE INVALID F	2	242	3705	3463
			•	OR CLIENT AGE. VERIFY CID,	_			
			•	DIAGNOSIS, PROCEDURE CODE FOR				
			•					
		21	38	DUPLICATE OF CLAIM-SYSTEM				
3404931	WAKE CO HUM SVC	8599	113	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND			1	
				BENEFIT PACKAGE.				
							1	
		8536	113	ATTENDING PROVIDER TYPE AND SP	25	393	3476	3083
				ECIALTY COMBINATION IS NOT			1	
				VALID FOR SUBMITTED BILLING PR				
		8000	63	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404933	SOUTHEASTERN CT	8536	2457	ATTENDING PROVIDER TYPE AND SP				
	R FOR MH/DD			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
			1					
		8599	312	DETAIL NOT COVERED BY COMBINAT	0	2964	10338	7374
				ION OF RECIPIENT, PROVIDER AND				
			1	BENEFIT PACKAGE.				
		191	101	CLIENT ID NUMBER DOES NOT MATC				
			1	H PATIENT NAME				
			†					
			1					
3404934	ONSLOW CARTERET	8535	202	SERVICE FACILITY LOCATION WAS				
	BEHAV HEAL			NOT SUBMITTED ON THIS CLAIM.				
	Dimity IIIII		1	PLEASE RESUBMIT THE CLAIM WITH				
		8505	193	CLAIM DENIED DUE TO INSUFFICIE	0	853	1840	987
			+	NT BUDGET		033	1010	,,,,
			+					
			+					
		8599	108	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR		+					
			+					
			+					
		0	0					
		0	0		0	0	0	0
		0	0		0	0	0	C
3404936	THE DESCON CONTR	0	0	*** NO DATA TO REPORT ***	0	0	0	C
3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***	0	0	0	(
3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
3404936		0 0	0	*** NO DATA TO REPORT ***	0			
3404936		0	0	*** NO DATA TO REPORT ***				
	ER	0 0 0 8599	0	*** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT				
3404936 3404937	ER THE BEACON CENT	0 0 0 8599	0	DETAIL NOT COVERED BY COMBINAT				
	ER	0 0 8599	0	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	ER THE BEACON CENT	0 0 0 8599	0	DETAIL NOT COVERED BY COMBINAT				
	ER THE BEACON CENT		0	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0		0	C
	ER THE BEACON CENT	0 0 8599	0	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC				
	ER THE BEACON CENT		7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0		0	C
3404937	ER THE BEACON CENT ER	191	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0		0	C
3404937	ER THE BEACON CENT ER EAST CAROLINA B		0 0 0 7 7 1 1 208	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE	0		0	C
3404937	ER THE BEACON CENT ER	191	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0		0	C
3404937	ER THE BEACON CENT ER EAST CAROLINA B	191	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE	0		0	C
3404937	ER THE BEACON CENT ER EAST CAROLINA B	191	7 1 1 208	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	0	1549	1541
3404937	ER THE BEACON CENT ER EAST CAROLINA B	191	7	DETAIL NOT COVERED BY COMBINAT LION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE	0	0	1549	1541
3404937	ER THE BEACON CENT ER EAST CAROLINA B	191	7 1 1 208	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	0	1549	1541
3404936	ER THE BEACON CENT ER EAST CAROLINA B	191	7 1 1 208	DETAIL NOT COVERED BY COMBINAT LION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE	0	0	1549	1541
3404937	ER THE BEACON CENT ER EAST CAROLINA B	191 8505	7 1 208	DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE	0	0	1549	1541
3404937	ER THE BEACON CENT ER EAST CAROLINA B	191	7 1 1 208	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT	0	0	1549	1541
3404937	ER THE BEACON CENT ER EAST CAROLINA B	191 8505	7 1 208	DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND	0	0	1549	1541
3404937	ER THE BEACON CENT ER EAST CAROLINA B	191 8505	7 1 208	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT	0	0	1549	1541
3404937	ER THE BEACON CENT ER EAST CAROLINA B EHAVIORAL H	191 8505	7 208	DETAIL NOT COVERED BY COMBINAT LION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATTENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	0	1549	1541
3404937	ER THE BEACON CENT ER EAST CAROLINA B EHAVIORAL H EAST CAROLINA B	191 8505	7 1 208	DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND	0	0	1549	1543
3404937	ER THE BEACON CENT ER EAST CAROLINA B EHAVIORAL H	191 8505	7 208	DETAIL NOT COVERED BY COMBINAT LION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATTENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	0	1549	1541
3404937	ER THE BEACON CENT ER EAST CAROLINA B EHAVIORAL H EAST CAROLINA B	191 8505	7 208	DETAIL NOT COVERED BY COMBINAT LION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATTENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	0	1549	1541
3404937	ER THE BEACON CENT ER EAST CAROLINA B EHAVIORAL H EAST CAROLINA B	191 8505	7 208	DETAIL NOT COVERED BY COMBINAT LION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATTENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	8 8 384	1549	1541

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0			0 0) (
3404943	ALBEMARLE MENTA	8599	59	DETAIL NOT COVERED BY COMBINAT				
	L HEALTH CE			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		79	31	THIS SERVICE IS NOT PAYABLE TO		4 251	3035	278
				YOUR SUBMITTED BILLING			-	
				PROVIDER TYPE AND SPECIALTY IN				
		8564	28	SERVICE EXCEEDS THE ALLOWABLE				
				OF ONE OCCURRENCE WITHIN AN				
				ELIGIBILITY PERIOD.				
3404944	EASTPOINTE HUMA	8505	38	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
		8621	22	60 RESIDENTIAL LEVEL III TREAT		0 85	1850	1765
				MENT RECEIVED, PA IS REQUIRED		0	1030	270.
				FOR ADDITIONAL SERVICE.				
		8599	12	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM	21	408	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
	ENTAL HEALT							
		8599	196	DETAIL NOT COVERED BY COMBINAT		6 903	2310	140
				ION OF RECIPIENT, PROVIDER AND		903	2310	140
				BENEFIT PACKAGE.				
		3746	74	RELATED CODES NOT ALLOWED SAME		+	l	
				DATE OF SERVICE.			1	1